

Wisconsin
Department of Revenue**QUARTERLY REPORT
OF WISCONSIN TAX-PAID
CIGARETTES PURCHASED**

| |
|-----------------------------|
| Tax Account Number |
| FEIN / SSN |
| Quarter Ending (MM DD YYYY) |

Use BLACK INK Only

| | | |
|-------------------------|-------|----------|
| Legal Name | | |
| Business Name (DBA) | | |
| Permit/Business Address | | |
| City | State | Zip Code |

☐ Cancel my permit effective

(MM DD YYYY)

☐ Check if address, name, or entity change☐ Check if this is an amended return☐ Check if correspondence is included

Permittees who receive only **tax-paid cigarettes with Wisconsin cigarette stamps affixed** must complete this report on a quarterly basis and file it with the Wisconsin Department of Revenue. **Express all purchases in single cigarettes not packs or cartons.**

A "multiple retailer" permittee (CMR or FCMR) must also prepare a separate report for each store location in Wisconsin. The reports must be attached to a cover sheet listing the following retailer information: Wisconsin sales tax account number, store name (DBA), address, and cigarette total for the quarter. Enter the grand total on line 16 of your cover sheet.

| Line | Invoice | | Purchased From | | | WISCONSIN STAMPED Single Cigarettes |
|------|--|--------|----------------|--|------|--|
| | Date | Number | Name | Wis. Permit No. (F)CD or (F)CJ Enter 4-digit # | City | |
| 1 | | | | _____ | | |
| 2 | | | | _____ | | |
| 3 | | | | _____ | | |
| 4 | | | | _____ | | |
| 5 | | | | _____ | | |
| 6 | | | | _____ | | |
| 7 | | | | _____ | | |
| 8 | | | | _____ | | |
| 9 | | | | _____ | | |
| 10 | | | | _____ | | |
| 11 | | | | _____ | | |
| 12 | | | | _____ | | |
| 13 | | | | _____ | | |
| 14 | SUBTOTAL (add lines 1 through 13) | | | | | |
| 15 | Amount brought forward from line 50 on the reverse side of this form | | | | | |
| 16 | GRAND TOTAL FOR QUARTER (add lines 14 and 15) Complete this line only on final page of report | | | | | |

DECLARATION: I declare under penalties of law that I have examined this report and all attachments and, to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|--|--|-------------------------------------|------|
| Signature of Permittee (or authorized agent) | Preparer's Name (please print or type) | Preparer's Phone Number () | Date |
|--|--|-------------------------------------|------|

If you have questions . . .

- Call (608) 266-8970
- Fax (608) 261-7049
- E-mail: excise@revenue.wi.gov

For reporting forms:

See Forms, Excise Tax, Cigarette
at www.revenue.wi.gov

Mail your completed report to:

Wisconsin Department of Revenue
Mail Stop 5-107
PO Box 8900
Madison WI 53708-8900

| Line | Invoice | | Purchased From | | | WISCONSIN STAMPED Single Cigarettes |
|------|---|--------|----------------|--|------|---|
| | Date | Number | Name | Wis. Permit No. (F)CD or (F)CJ Enter 4-digit # | City | |
| 17 | | | | ___ _ _ _ _ | | |
| 18 | | | | ___ _ _ _ _ | | |
| 19 | | | | ___ _ _ _ _ | | |
| 20 | | | | ___ _ _ _ _ | | |
| 21 | | | | ___ _ _ _ _ | | |
| 22 | | | | ___ _ _ _ _ | | |
| 23 | | | | ___ _ _ _ _ | | |
| 24 | | | | ___ _ _ _ _ | | |
| 25 | | | | ___ _ _ _ _ | | |
| 26 | | | | ___ _ _ _ _ | | |
| 27 | | | | ___ _ _ _ _ | | |
| 28 | | | | ___ _ _ _ _ | | |
| 29 | | | | ___ _ _ _ _ | | |
| 30 | | | | ___ _ _ _ _ | | |
| 31 | | | | ___ _ _ _ _ | | |
| 32 | | | | ___ _ _ _ _ | | |
| 33 | | | | ___ _ _ _ _ | | |
| 34 | | | | ___ _ _ _ _ | | |
| 35 | | | | ___ _ _ _ _ | | |
| 36 | | | | ___ _ _ _ _ | | |
| 37 | | | | ___ _ _ _ _ | | |
| 38 | | | | ___ _ _ _ _ | | |
| 39 | | | | ___ _ _ _ _ | | |
| 40 | | | | ___ _ _ _ _ | | |
| 41 | | | | ___ _ _ _ _ | | |
| 42 | | | | ___ _ _ _ _ | | |
| 43 | | | | ___ _ _ _ _ | | |
| 44 | | | | ___ _ _ _ _ | | |
| 45 | | | | ___ _ _ _ _ | | |
| 46 | | | | ___ _ _ _ _ | | |
| 47 | | | | ___ _ _ _ _ | | |
| 48 | | | | ___ _ _ _ _ | | |
| 49 | If additional space is necessary to list all purchases, attach a schedule and enter the subtotal of those purchases on this line. | | | | | |
| 50 | SUBTOTAL - Add lines 17 through 49. Enter here and on line 15 on the front of this form. | | | | | |